



PRODUCT FORMULATION

Washington State Department of Agriculture
Organic Food Program

Complete this form for each individual organic product seeking certification. (Make copies of this form as needed.)

BUSINESS NAME: _____ DATE: _____ CERTIFICATION NUMBER: _____

Product Name: (As it appears on the label.)										
Check which labeling category this product meets.										
<input type="checkbox"/> "100% organic" <input type="checkbox"/> "organic" (95-100% organic ingredients) <input type="checkbox"/> "made with organic (ingredients or food group(s))" ($\geq 70\%$ organic ingredients) <input type="checkbox"/> $< 70\%$ organic ingredients										
Product Composition: Complete the information for all ingredients (including water and salt) contained in this product. Indicate with a check mark "O" for certified organic or "NO" for non-organic.										
Ingredient (Include Additives)	Supplier	Certifying Agent	O ✓	NO ✓	Have you verified that the "NO" ingredient was not produced using any of the following? (✓) Excluded Methods Sewage Sludge Ionizing Radiation			Weight	% of Finished Product	For Office Use Only

A.	Weight of Organic Ingredients:		B.	Total Weight of Formula: (Excluding water and salt)		C.	Percent of Organic Ingredients: (A ÷ B) x 100	
----	--------------------------------	--	----	--	--	----	--	--

Processing Aids: Provide complete information about all processing aids used in the manufacturing of this product.						
Processing Aid	"O"	"NO"	If "NO", is processing aid on the National List?	Manufacturer Name & Phone Number.	Application & Use.	For Office Use Only

Formulas are kept confidential and exempt from public inspection and copying
(RCW 15.86.110 and Uniform Trade Secrets Act, chapter 19.108 RCW.)